STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003677	A. BUILDING: _____ B. WING _____	C 11/04/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN - FLANAGAN	205 NORTH ADAMS FLANAGAN, IL 61740

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S9999	Final Observations Complaint #1565963/IL81170 STATEMENT OF LICENSURE VIOLATIONS: 300.1010h) 300.1210b)5) 300.1210d)6) 300.3240a) Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: 5) All nursing personnel shall assist and	S9999	Attachment A Statement of Licensure Violations	

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encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.
d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:
6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

Section 300.3240 Abuse and Neglect
a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.

These requirements were not met as evidenced by:

Based on record review and interview the facility failed to safely transfer R1 with a mechanical lift resulting in a fall with injuries for one of four residents reviewed for falls on the sample of four. R1 sustained injuries of a Proximal Humeral Head Fracture of R1's right arm and Acute Spiral Fracture of R1's mid left femoral shaft.

Findings include:

R1's Physician Order Sheet Dated October 2015 documents R1's diagnoses that include Multiple Sclerosis, Rheumatoid Arthritis and Osteoarthritis.
R1's Minimum Data Set dated 9/27/15 documents

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R1 requires extensive assistance of two staff for transfers. R1's Brief Interview for Mental Status dated 9/28/15 documents that R1 is severely cognitively impaired. R1's Fall Risk Assessment dated 9/23/15 documents that R1 is at risk for falls.

On 10/29/15 at 12:45 am E1, Administrator, stated that R1 had a fall on 10/23/15 when R1 was being transferred by E8, Certified Nursing Assistant (CNA) to the toilet with a mechanical sit-to-stand lift. E1 stated that E8 said R1's arms came off the mechanical lift and R1 was lowered to the ground. E1 stated there were no other witnesses to the fall. E1 stated that R1 was sent for an X-ray on 10/24/15 because R1 complained of pain of right arm. E1 stated R1 had left knee swelling. E1 stated that R1's X-rays showed a fracture of the right shoulder and the left knee X-ray was negative. E1 stated R1 was sent back to the facility. E1 stated that on 10/27/15 R1 had a scheduled appointment with Z4 (R1's orthopedic physician) to follow up with shoulder fracture. E1 stated R1 also had bruising on R1's left leg. E1 stated that an X-ray found R1 to have a left hip fracture. E1 stated that R1 had surgery for the left hip on 10/28/15 and remains in the hospital.

The Fall Log dated August through October 2015 documents that on 10/23/15 at 5:30 pm R1 "Fell from sit to stand (mechanical lift)-Res (resident, R1) let go of machine (hand grips). Fx (fracture) of R (right) arm."

R1's Progress Note Incident dated 10/23/15 documents, " Heard CNA (E8) yelling down hallway "Hello?". Upon entering res room, noted res (R1) on floor with CNA (E8) standing behind res (R1) holding res head. CNA (E8) states that

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res (R1) slipped out of STS (sit-to-stand mechanical lift) during transfer to bathroom, so CNA (E8) eased res (R1) to floor... Res (R1) did complain of pain to right wrist/arm... Assisted to bed with 3 assist and (full body mechanical lift)."
On 11/2/15 at 3:05 pm E4, Licensed Practical Nurse (LPN), stated E8 said R1 let go of the grips on the mechanical lift and R1's arms "butterflied." E4 stated that R1 motioned that R1's "right arm hurt" and there was swelling on R1's right hand. E4 stated that she sent a fax to Z1 (R1's Primary Care Physician) but did not notify Z3 (on-call physician). There was no evidence in R1's medical record that Z3 or Z1 was notified of R1's fall.
On 11/3/15 at11:00 am E2, Assistant Director of Nurses/Quality Control Nurse, stated that R1 was assessed to require the assistance of two staff for transfers with the mechanical lift. E2 stated when R1 fell during mechanical lift transfer on 10/23/15, R1 was being transferred to the toilet by E8, CNA. E2 stated that R1 should have been transferred with the assistance of two staff on 10/23/15 when R1 fell during the transfer with a mechanical lift.

On 11/3/15 at 11:07 am E3, Certified Nursing Assistant (CNA) stated that E3 used two staff for transferring R1 "because (R1) had a tendency to let go with her hands."

R1's Radiology Report dated 10/24/15 documents "History: Right arm pain...Findings: Fracture of the right humeral head/neck is seen with displacement of the distal fracture fragment by approximately 1.7 cm (centimeters) anteromedially... Impression: Displaced right proximal humerus fracture..."

R1's Office Visit dated 10/27/15 documents that R1 "does have history of MS (Multiple Sclerosis)

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as well as osteoarthritis as well as rheumatoid arthritis. She (R1) apparently sustained a fall at the nursing home on 10/24/15 (10/23/15)." The reports documents "X-rays were taken in the emergency department on 10/24/15. The patient (R1) was found to have a right proximal humerus fracture. Left knee x-rays were taken as well. The patient present today for evaluation with three daughters around the bedside. The patient is nonverbal. Physical exam of right shoulder, she (R1) is in a sling. She does have grimaces and pain to palpation about her left shoulder...Physical of left knee, anterior incision is clean, dry and intact. Does have a very larg effusion. There is ecchymosis extending on the posterior aspect of her femur. Does have significant pain with range of motion about her knee. There is some instability noted about her mid thigh...Review of right shoulder x-rays does reveal displaced proximal humerus fracture. Review of left knee x-ray shows a history of left total knee arthroplasty. There is very high suspicion for femur fracture..."

R1's Radiology Report dated 10/27/15 documents "History: Pain in left hip...Findings: 6 images of the left femur show a spiral fracture in the mid femoral shaft, with overlapping angulation of the fracture fragments. There may be about 6 cm (centimeters) overlap, and Full shaft displacement as well as angulation medially. Impression: Acute spiral fracture of mid left femoral shaft."

(B)